



ATTORNEY CLE FORM

NOTE: It is suggested that CERTIFICATES be emailed to mary.mccann@ccla.org at the conclusion of the event. **It is your responsibility to make sure that the CLLA office receives your certificate no later than Friday, November 25, 2022.**

Name: _____

Firm/Agency: _____

Business Address: _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

State(s) of Bar Licensure:

State _____ Bar # _____ State _____ Bar # _____

State _____ Bar # _____ State _____ Bar # _____

Indicate with a check (✓) the sessions you attended for CLE credit(s).

Thursday, November 10, 2022

Fill in ONLY if viewing recordings AFTER the conference.

Fraud By Any Other Name Is Still Fraud (2)

Visual Prompt #1 _____ Visual Prompt #2 _____

Judgment Execution Efforts -
Thinking Outside Of The Box (1)

Visual Prompt #1 _____ Visual Prompt #2 _____

N.L.P. For Attorneys: Getting The Edge On Influence (2.5)

Visual Prompt #1 _____ Visual Prompt #2 _____

By signing below, I certify that I attended the programs described above and am entitled to claim _____ total credit hours. This includes _____ ethics/competency hours.

Signature: _____

For office use only

Accepted: _____ Date: _____

Course#/State(s): _____